

MME Testing Roster: Day 3

(This document may be photocopied for MME Day 3.)

Page _____ of _____

Note: Your school may provide a readable list of students, by test room, in lieu of this roster. Test date, testing staff, and room number/name must appear on the list and the type of ID accepted must be marked on the list on test day.

Name of School _____

Where Students Tested _____

City/State _____

Room Name _____

Room Supervisor's Name _____

Room Number _____

District Code

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Building Code

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TYPE OF ID

P = Photo ID

L = ID Letter

R and initials = Recognized

- = Absent

STUDENT'S NAME (Please print or type.) List all students scheduled to test in this room.	TEST DATE	
	Mark attendance by noting type of ID	
	INITIAL	MAKEUP
1.		
2.		
3.		
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24.		
25.		

Test Supervisor: Return one completed form for each test room with your other reports. Retain a copy for your files.